#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: BROTOLOC MUSKEGO CBRF (0008784)

Address: S68 W12699 BRISTLECONE LN, MUSKEGO, WI 53150

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0093136 End Date: 08/10/2004 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092870 End Date: 05/27/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10009004 Served 07/12/2004

Deficiencies Cited Subject Area <u>Verified</u> Corrected

Compliance

83.21(4) RIGHTS OF RESIDENTS

83.21(4)(n)4 FREE FROM PHYSICAL RESTRAINTS

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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## **Enforcement History**

Date: 07/07/2004 S

SOD #10009004

Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)

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**MEDICATIONS** 

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P.O. Box 2969
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Complaint History		
Date Complaint Received: 08/09/2004	Date Investigation Completed: 08/11/2004	
Subject Area(s) ABUSE	Result NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 03/12/2004	Date Investigation Completed: 05/27/2004	
Subject Area(s) PHYSICAL PLANTS & SAFETY HAZARDS HOMELIKE ENVIRONMENT & CLEANLINESS NUTRITION & FOOD SERVICES	Result SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u> 10009004

NOT SUBSTANTIATED

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